STIC Search Results Feedback Form

USPTO

EIC 3600

Questions about the scope or the results of the search? Contact ***the EIC searcher or contact:***

Karen Lehman, EIC 3600 Team Leader
306-5783, PK5-804

Voluntary Results Feedback Form

- *I am an examiner in Workgroup:* ☐ *Example: 3620 (optional)*
- *Relevant prior art **found**, search results used as follows:*
  - ☐ 102 rejection
  - ☐ 103 rejection
  - ☐ Cited as being of interest.
  - ☐ Helped examiner better understand the invention.
  - ☐ Helped examiner better understand the state of the art in their technology.

Types of relevant prior art found:

- ☐ Foreign Patent(s)
- ☐ Non-Patent Literature
  (journal articles, conference proceedings, new product announcements etc.)

- *Relevant prior art **not found:***
  - ☐ Results verified the lack of relevant prior art (helped determine patentability).
  - ☐ Results were not useful in determining patentability or understanding the invention.

Comments:

Drop off or send completed forms to STIC/EIC3600 PK5 804

sira
Search and Information Resources Administration

Search Report from Ginger D. Roberts

```
?show files;ds
File  13:BAMP 2003/Jan W1
         (c) 2003 Resp. DB Svcs.
File  15:ABI/Inform(R) 1971-2003/Feb 11
         (c) 2003 ProQuest Info&Learning
File  16:Gale Group PROMT(R) 1990-2003/Feb 11
         (c) 2003 The Gale Group
File  20:Dialog Global Reporter 1997-2003/Feb 12
         (c) 2003 The Dialog Corp.
File  47:Gale Group Magazine DB(TM) 1959-2003/Feb 11
         (c) 2003 The Gale group
File  75:TGG Management Contents(R) 86-2003/Feb W1
         (c) 2003 The Gale Group
File  88:Gale Group Business A.R.T.S. 1976-2003/Feb 11
         (c) 2003 The Gale Group
File 148:Gale Group Trade & Industry DB 1976-2003/Feb 12
         (c)2003 The Gale Group
File 149:TGG Health&Wellness DB(SM) 1976-2003/Jan W4
         (c) 2003 The Gale Group
File 180:Federal Register 1985-2003/Feb 12
         (c) 2003 format only The DIALOG Corp
File 275:Gale Group Computer DB(TM) 1983-2003/Feb 12
         (c) 2003 The Gale Group
File 349:PCT FULLTEXT 1979-2002/UB=20030206,20030123
         (c) 2003 WIPO/Univentio
File 432:Tampa Tribune 1998-2003/Feb 10
         (c) 2003 Tampa Tribune
File 483:Newspaper Abs Daily 1986-2003/Feb 11
         (c) 2003 ProQuest Info&Learning
File 484:Periodical Abs Plustext 1986-2003/Feb W1
         (c) 2003 ProQuest
File 485:Accounting & Tax DB 1971-2003/Feb W1
         (c) 2003 ProQuest Info&Learning
File 486: Press-Telegram 1992- 2003/Feb 10
         (c) 2003 Long Beach Press-Telegram
File 487:Columbus Ledger-Enquirer 1994-2003/Feb 10
         (c) 2003 R. W. Page Corp.
File 492:Arizona Repub/Phoenix Gaz 19862002/Jan 06
         (c) 2002 Phoenix Newspapers
File 494:St LouisPost-Dispatch 1988-2003/Feb 10
         (c) 2003 St Louis Post-Dispatch
File 541:SEC Online(TM) Annual Repts 1997/Sep W3
         (c) 1987-1997 SEC Online Inc.
File 542:SEC Online(TM) 10-K Reports 1997/Sep W3
         (c) 1987-1997 SEC Online Inc.
File 543:SEC Online(TM) 10-Q Reports 1997/Sep W3
         (c) 1987-1997 SEC Online Inc.
File 545:Investext(R) 1982-2003/Feb 12
         (c) 2003 Thomson Financial Networks
File 553:Wilson Bus. Abs. FullText 1982-2002/Dec
         (c) 2003 The HW Wilson Co
File 608:KR/T Bus.News. 1992-2003/Feb 12
         (c)2003 Knight Ridder/Tribune Bus News
File 614:AFP English Wire 1999-2003/Feb 11
         (c) 2003 Agence France Press
File 619:Asia Intelligence Wire 1995-2003/Feb 11
         (c) 2003 Fin. Times Ltd
File 633:Phil.Inquirer 1983-2003/Feb 11
         (c) 2003 Philadelphia Newspapers Inc
File 634:San Jose Mercury  Jun 1985-2003/Feb 11
         (c) 2003 San Jose Mercury News
File 635:Business Dateline(R) 1985-2003/Feb 11
```

File 636:Gale Group Newsletter DB(TM) 1987-2003/Feb 11

File 638:Newsday/New York Newsday 1987-2003/Feb 10

File 640:San Francisco Chronicle 1988-2003/Feb 11

File 645:Contra Costa Papers 1995- 2003/Feb 09

File 649:Gale Group Newswire ASAP(TM) 2003/Feb 11

File 660:Federal News Service 1991-2002/Jul 02

File 701:St Paul Pioneer Pr Apr 1988-2003/Feb 07

File 702:Miami Herald 1983-2003/Jan 31

File 707:The Seattle Times 1989-2003/Feb 11

File 709:Richmond Times-Disp. 1989-2003/Feb 09

File 712:Palm Beach Post 1989-2003/Feb 05

File 713:Atlanta J/Const. 1989-2003/Feb 09

File 714:(Baltimore) The Sun 1990-2003/Feb 11

File 715:Christian Sci.Mon. 1989-2003/Feb 12

File 716:Daily News Of L.A. 1989-2003/Feb 11

File 719:(Albany) The Times Union Mar 1986-2003/Feb 05

File 720:(Columbia) The State Dec 1987-2003/Feb 10

File 721:Lexington Hrld.-Ldr. 1990-2003/Feb 09

File 722:Cincinnati/Kentucky Post 1990-2003/Feb 07

File 727:Canadian Newspapers 1990-2003/Feb 12

File 732:San Francisco Exam. 1990- 2000/Nov 21

File 740:(Memphis)Comm.Appeal 1990-2003/Feb 04

File 741:(Norfolk)Led./Pil. 1990-2003/Feb 11

File 742:(Madison)Cap.Tim/Wi.St.J 1990-2003/Feb 10

File 757:Mirror Publications/Independent Newspapers 2000-2003/Feb 11

File 781:ProQuest Newsstand 1998-2003/Feb 12

File 810:Business Wire 1986-1999/Feb 28

File 813:PR Newswire 1987-1999/Apr 30

File 861:UPI News 1996-1999/May 27

Set	Items	Description
S1	143	(SUBMIT? OR FILE? OR FILING)(5N)(TWO OR "2" OR DOUBLE OR M-

ULTIPLE OR SEVERAL OR MORE()THAN()ONE)(2W)(CLAIM? ?)(10N)(HOUR? OR AFTERNOON OR MORNING OR NOON OR DAY OR DAILY OR 24()HOUR? ?)
S2 114 RD (unique items)
?t2/3,k/all

2/3,K/1 (Item 1 from file: 13)
DIALOG(R)File 13:BAMP

01219445 03012555 (USE FORMAT 7 OR 9 FOR FULLTEXT)
New survey covers wages for 2 levels of claims adjusters
(Level 1 and 2 claims adjusters at for-profit firms on West Coast have highest wage at $17.60/hour for level 1 and $22.22/hour for level 2, according to survey from Watson Wyatt Data Services; hourly rates are tabulated by experience and region)
Report on Hourly Compensation, n 01-09, p 4-5
September 2001
DOCUMENT TYPE: Newsletter; Survey ISSN: 1523-0708 (United States)
LANGUAGE: English RECORD TYPE: Fulltext
WORD COUNT: 644

(USE FORMAT 7 OR 9 FOR FULLTEXT)

TEXT:
...Insurance Exchange were recently in the spotlight after winning a dispute about overtime. More than **2** ,400 **claims** adjusters **filed** suit against Farmers, claiming they worked an average of 50 **hours** a week but weren't paid overtime. The suit claimed the position is equivalent to...

2/3,K/2 (Item 2 from file: 13)
DIALOG(R)File 13:BAMP

01052771 01078486 (USE FORMAT 7 OR 9 FOR FULLTEXT)
CLAIMS FRAUD AUDITING
(The threat of health insurance fraud can be lessened through a three-step plan that involves verifying policyholders, reviewing claims adjudication and checking payments)
Article Author(s): Ngo, Huong Q
Internal Auditor, p 44-46
June 1997
DOCUMENT TYPE: Journal; Guideline ISSN: 0020-5745 (United States)
LANGUAGE: English RECORD TYPE: Fulltext; Abstract
WORD COUNT: 1131

(USE FORMAT 7 OR 9 FOR FULLTEXT)

TEXT:
...individual policyholder's account allows the auditor to obtain claims histories for individuals. Improbable claim **filing** patterns, such as **filing multiple claims** in a same **day** by a policyholder and overcharges of various types, can be disclosed by examining this data...

2/3,K/3 (Item 1 from file: 15)
DIALOG(R)File 15:ABI/Inform(R)

02404505 145962311
Runaway train or bullet train--which is your agency?

Korsgaden, Troy
Rough Notes v145n8 PP: 50-51 Aug 2002
ISSN: 0035-8525 JRNL CODE: RNO
WORD COUNT: 1010

...TEXT: more information on a prospective customer, which you don't have in your immediate reach. **Several claims** are pending. Meanwhile, the customers who **filed** the claims call every **day** wanting to hear that "the check is in the mail." If this sounds like your...

2/3,K/4 (Item 2 from file: 15)
DIALOG(R)File 15:ABI/Inform(R)

00989268 96-38661
Is the industry courting disaster?
Hall, Evelyn
Best's Review (Prop/Casualty) v95n11 PP: 30-35+ Mar 1995
ISSN: 0161-7745 JRNL CODE: BIP
WORD COUNT: 3234

...TEXT: apparent to Alex Soto, president of Pennekamp & Soto Insurance Agency, Miami. Soto's agency handled **2** ,000 **claims** stemming from hurricane damage. Normally, claimants could expect an adjuster to contact them within **24 hours** of **filing** a claim, and within 48 hours an appraiser would arrive on their doorstep. But Andrew...

2/3,K/5 (Item 3 from file: 15)
DIALOG(R)File 15:ABI/Inform(R)

00510720 90-36477
Claims Service Fills Terrific Consumer Need
Maher, Thomas M.
National Underwriter (Life/Health/Financial Services) v94n34 PP: 13, 15 Aug 20, 1990
ISSN: 0893-8202 JRNL CODE: NUD

...ABSTRACT: to develop the hardware and software for a claims system that is capable of handling **several** million **claims daily** with immediate **file** access. Medically trained clerical operators and supervisors incorporate a series of fail-safe steps that...

2/3,K/6 (Item 4 from file: 15)
DIALOG(R)File 15:ABI/Inform(R)

00250696 84-29257
Does Work Experience Increase Productivity? A Test of the On-the-Job Training Hypothesis
Maranto, Cheryl L.; Rodgers, Robert C.
Journal of Human Resources v19n3 PP: 341-357 Summer 1984
ISSN: 0022-166X JRNL CODE: JHR

...ABSTRACT: data on wage claims investigations. The data were obtained from 4 sources: 1. personnel records, **2** . closed wage **claim** reports **filed** in fiscal years 1977-1979 by wage- **hour** investigators, 3. the state's 1977 Unemployment Insurance data file, and 4. the Civil Service...

2/3,K/7 (Item 1 from file: 16)
DIALOG(R)File 16:Gale Group PROMT(R)

08024856 Supplier Number: 65862251 (USE FORMAT 7 FOR FULLTEXT)
HCFA Publishes Home Health Billing Codes. (Health Care Financing Administration) (Brief Article)
Healthcare Financial Management, v54, n9, p10
Sept, 2000
Language: English Record Type: Fulltext
Article Type: Brief Article
Document Type: Magazine/Journal; Trade
Word Count: 276

(USE FORMAT 7 FOR FULLTEXT)
TEXT:
...form to receive payment under the home health PPS. The RAP is the first of **two claims** that home health agencies will be required to **submit** for each 60 **day** episode of care per patient when the PPS takes effect October 1, 2000. The billing...

2/3,K/8 (Item 2 from file: 16)
DIALOG(R)File 16:Gale Group PROMT(R)

07221939 Supplier Number: 61410040 (USE FORMAT 7 FOR FULLTEXT)
Rambus is expanding into communications. (Company Business and Marketing)
Popovich, Ken
PC Week, p14
April 10, 2000
Language: English Record Type: Fulltext
Document Type: Magazine/Journal; Trade
Word Count: 378

... the companies of violating four patents tied to synchronous dynamic RAM. On Feb. 29, Rambus **filed two** more infringement **claims** based on patents that were issued that **day** .
Tokyo-based Hitachi late last month **filed** a countersuit asking a federal judge in Wilmington, Del., to invalidate several Rambus patents. Hitachi...

2/3,K/9 (Item 1 from file: 20)
DIALOG(R)File 20:Dialog Global Reporter

17304304 (USE FORMAT 7 OR 9 FOR FULLTEXT)
Markmonitor's New IP Claim Service Slashes Processing Time for .biz IP Claim Applications
PR NEWSWIRE
June 19, 2001
JOURNAL CODE: WPRW LANGUAGE: English RECORD TYPE: FULLTEXT
WORD COUNT: 396

(USE FORMAT 7 OR 9 FOR FULLTEXT)

... forms and fill in the data by hand, and reduces the time required to complete **multiple** IP **claims** from many **hours** to just a few minutes.
The IP claim procedure requires trademark owners to **submit** a separate claim for each trademark the owner wishes to protect. For

04001179
IRS CLAIMS PTL OWES AS MUCH AS $82 MILLION
STATE (COLUMBIA) (CS) - FRIDAY December 11, 1987
By: TRIP DuBARD, Associated Press
Edition: FINAL Section: GENERAL Page: 1A
Word Count: 356

...61.8 million, including an estimated $5 million due the IRS.

Thursday was the final **day** for filing claims against PTL. A deputy clerk of court said thousands of claims had been **filed** by television stations, lifetime partners and other unsecured creditors.

The IRS **filed** **two** **claims** , which hinge on the resolution of a dispute over the ministry's tax-exempt status...

2/3,K/95 **(Item 1 from file: 721)**
DIALOG(R)File 721:Lexington Hrld.-Ldr.

07657063
WHITNEY'S STABLE EMBARKING ON ANOTHER TYPE OF RACING
Lexington Herald-Leader (LH) - SUNDAY, June 5, 1994
By: MARYJEAN WALL HERALD-LEADER RACING WRITER
Edition: Final Section: Sports Page: C12
Word Count: 1,217

...career that saw him win 30 races and $599,039 in 126 starts. But that **day** , after **two** interests **filed** **claim** slips, a partnership from Owenton got him in the luck of the draw.

New owners...

2/3,K/96 **(Item 1 from file: 722)**
DIALOG(R)File 722:Cincinnati/Kentucky Post

10314027
FIRM: STATE'S MEDICAID PROVIDERS OVERPAID
KENTUCKY POST (KP) - Wednesday, November 10, 1999
By: Bill Straub, Post Washington Bureau
Edition: KENTUCKY Section: NEWS Page: 3K
Word Count: 417

...for the product is four inhalers a month at a cost of $150.

Duplicate billing: **More** **than** **one** provider **submits** **claims** for the same service provided to the same patient on the same **day** .

One claim showed that dentists on opposite ends of the state submitted claims for removing...

2/3,K/97 **(Item 1 from file: 727)**
DIALOG(R)File 727:Canadian Newspapers

05005389 (USE FORMAT 7 FOR FULLTEXT)

?t 01052771/7

01052771/7
DIALOG(R)File 13:BAMP

01052771 01078486 (THIS IS THE FULLTEXT)
CLAIMS FRAUD AUDITING
(The threat of health insurance fraud can be lessened through a three-step plan that involves verifying policyholders, reviewing claims adjudication and checking payments)
Article Author(s): Ngo, Huong Q
Internal Auditor, p 44-46
June 1997
WORD COUNT: 1131

TEXT:
BY HUONG Q. NGO

photo omitted

A three-pronged attack may help thwart health insurance fraud.

The bill for U.S. health insurance claims that are fraudulent, abusive, or inaccurately submitted and processed may be as much as $84 billion per year. According to U.S. General Accounting Office estimates, as much as three to ten percent of health care expenditures must go toward covering the costs of fraud. It's no surprise that government insurance programs, self-insured corporations, insurance companies, and third-party administrators that can uncover and prevent fraudulent health claims stand to reap substantial savings.

Large claims often involve loss adjusters and are, therefore, less risky than small claims, which typically settle with little or simple review. Until recently, insurance companies were willing to accept occasional losses from fraud rather than pay to investigate smaller claims. However, the amount of fraud loss has substantially increased today; and insurance companies are seeking cost-beneficial audit programs to curtail these losses. A straightforward, three-step audit program may help internal auditors detect control weaknesses, claim fraud, and processing errors involving small- to medium-sized claims.

* A Three-step Plan

The auditing program includes three key steps: verifying proper enrollment of policyholders and providers, reviewing the claim adjudication process, and checking payments. The steps are interdependent, and each must be implemented in precise order. For example, during Audit Step 2, the auditor must check claims' references to corresponding policyholders, whose validity should have been verified during Audit Step 1. During Step 3, the auditor must check disbursements' references to corresponding claims, the validity of which should have been verified during Step 2.

* Audit Step 1: Verifying Policyholders

The auditor's first step is to assure that each policyholder is (1) unique and (2) authorized. Policyholders must be unique, so that duplicate payments for one claim cannot be issued to the same person. Personal data must be recorded according to a prescribed standard, so that no identity confusion can arise.

Authorized enrollment is open only to individuals who meet certain

employment, health and premium payment conditions. The auditor should review these enrollment procedure and verify their effectiveness. It's not uncommon, for example, for a company to continue paying for health benefits of former employees. In the U.S., the Health Care Finance Administration has paid Medicaid/Medicare to deceased individuals because their data was not removed from the database. To prevent unauthorized payments, auditors should ensure that procedures are in place to cancel invalid policies in a timely manner.
The auditor should also examine data about dependents and providers and the procedures in place to record and maintain such data. Dependents should meet the relationship and age criteria, and providers should be participating members of the insurer's plan for payments to be allowed.

An essential control in the maintenance of the system's database is to segregate inactive accounts from active accounts for all policyholders, dependents, and providers. A fraud study by the American Institute of Certified Public Accountants revealed that inactive accounts often become the targets of fraudulent transactions(*). The auditor needs to review procedures for deactivating and reactivating an account to assess whether the procedures are effective in deterring fraudulent claimants. After the auditor is reasonably assured that the individuals or entities represented in the system are authorized payment recipients, he or she can proceed to Audit Step 2.

* Audit Step 2: Reviewing Claim Adjudication

Claim adjudication is the process of reviewing a claim for approval or disapproval. Audits of this area involve verification of three points:

1. Each claim references a claimant from the database examined in Audit Step 1 -- which prevents payments to unauthorized individuals.

2. Each claim is entered only once -- which prevents duplicate claims that could lead to duplicate payments.

3. Policies ensuring that all claims must meet the requirements of the health plan are enforced.

In examining the third point, the auditor may group all claims according to plan or policy type to search for violations of contract terms regarding deductibles, such as benefits maxima, geographic restrictions, restrictions on types of service, and age of patients, as prescribed by the respective plans. Plan terms can vary greatly from one to another, so such grouping makes it efficient to check all claims for violations of their respective contract terms.

Sorting all claims according to the individual policyholder's account allows the auditor to obtain claims histories for individuals. Improbable claim filing patterns, such as filing multiple claims in a same day by a policyholder and overcharges of various types, can be disclosed by examining this data.
Expertise in medical coding is a significant asset in detecting illogical matching of undertaken procedures and medical diagnoses. In claim processing, for example, ICD9-CM codes are used to report physician diagnoses, and CPT-4 codes to report physician procedures. Claims with illogical coding should not be paid. Common practices by fraudulent providers involve unbundling, which is coding one procedure with several codes to increase the claimed amount, and upcoding, which involves coding a simple procedure with a code for a complicated procedure to increase the claimed amount. Such fraudulent tactics are much more likely to be uncovered by auditors with fundamental skills in medical coding.

* Audit Step 3: Checking Payments

After reasonable assurance that claims in the database are properly adjudicated, the auditor can proceed to auditing actual disbursements. The auditor should verify that:

1. There is one payment for each claim.

2. Each payment references a claim, and the validity of that claim has been assured by Audit Step 2.
3. There is no more than one payment for each claim.

4. Each payment is directed to and endorsed by the claimant, and the validity of the claimant has been assured by Audit Step 1.

The first point ensures that all adjudicated claims in the system get paid. The second point ensures that each disbursement of money is for a claim that actually exists in the system. The third point verifies that there are no duplicate payments. The fourth point verifies that money is disbursed to appropriate recipients. The overall objective of Step 3 is to verify that each disbursement is complete, backed by a claim, unique, and sent to the right person.

* Curtailing Fraud

Using statistical sampling in implementing this proposed program will result in an effective and efficient audit that can help to curtail fraud and contain costs. Moreover, auditors who are conversant with the insurer's database management system can use the system's query languages to perform the tests prescribed in the proposed audit program. Such query tools allow the examination of all data files in their entirety, not just samples, and in much less time. The auditor can therefore be more effective and more efficient in conducting the audit.

Huong Q. Ngo, MPA, is a doctoral candidate at Georgia State University in Atlanta, Georgia.
CITED REFERENCES: * EDP Fraud Review Task Force, Report on the Study of EDP-related Fraud in the Banking and Insurance Industries. (New York: American Institute of Certified Public Accountants, 1984) v. 27, pp. 12-13.

?